

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	WIRE SAWING PROCESS AND DEVICE
Attorney Docket Number::	5001-1124
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWITZERLAND  
Status:: Full Capacity  
Given Name:: ANDREAS  
Middle Name::  
Family Name:: MULLER  
City of Residence:: WEGGIS  
State or Province of  
Residence::  
Country of Residence:: SWITZERLAND  
Street of Mailing           SUNNEREINSTRASSE 8  
Address::  
City of Mailing Address:: WEGGIS  
State or Province of Mailing Address::  
Country of Mailing Address:: SWITZERLAND  
Postal or Zip Code of Mailing Address:: 6353

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: RUSSIAN  
Status:: Full Capacity  
Given Name:: ALEXANDER  
Middle Name::  
Family Name:: BORTNIKOV  
City of Residence:: MOSCOU  
State or Province of  
Residence::  
Country of Residence:: RUSSIAN FEDERATION  
Street of Mailing           ZELENOGRAD, BLD 1649, ROOM 133  
Address::  
City of Mailing Address:: MOSCOU  
State or Province of Mailing Address::  
Country of Mailing Address:: RUSSIAN FEDERATION

Postal or Zip Code of Mailing Address:: 124365

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWITZERLAND	583/03	4/1/03	Yes

**Assignment Information**

Assignee Name:: HCT SHAPING SYSTEMS SA

Street of Mailing Address:: ROUTE DE GENEVE 42

City of Mailing Address:: CHESEAUX

State or Province of Mailing Address::

Country of Mailing Address:: SWITZERLAND

Postal or Zip Code of Mailing Address:: 1033